

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date 1/9/19	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration 1/15/2019	
Establishment B.P.O. Elks #264		Location 334 W Central Ave		Phone	
License / Permit #	Contact/Permit Holder Jill Snyder	Purpose of Inspection Routine Follow-up	Est Type FS RS	Risk Category High Medium Low	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.
IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Demonstration of Knowledge				Potentially Hazardous Food Time/Temperature			
1	IN OUT	Certification by accredited program, compliance with Code, or correct responses		16	IN OUT N/A N/O	Proper cooking time & temperatures	
				17	IN OUT N/A N/O	Proper reheating proc for hot holding	
Employee Health				18	IN OUT N/A N/O	Proper cooling time & temperatures	
2	IN OUT	Management awareness; policy present		19	IN OUT N/A N/O	Proper hot holding temperatures	
3	IN OUT	Proper use of reporting, restriction & exclusion		20	IN OUT N/A	Proper cold holding temperatures	
Good Hygienic Practices				21	IN OUT N/A N/O	Proper date marking & disposition	X
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use		22	IN OUT N/A N/O	Time as public health control; proc & rec	
5	IN OUT N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands				Consumer Advisory			
6	IN OUT N/O	Hands clean & properly washed		23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed		Highly Susceptible Populations			
8	IN OUT	Adequate handwashing facilities supplied & accessible	X	24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
Approved Sources				Chemical			
9	IN OUT	Food obtained from approved source		25	IN OUT N/A	Food additives: approved & properly used	
10	IN OUT N/A N/O	Food received at proper temperature		26	IN OUT N/A	Toxic substances properly identified, stored & used	
11	IN OUT	Food in good condition, safe & unadulterated		Conformance with Approved Procedures			
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction		27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan	
Protection from contamination				Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
13	IN OUT N/A	Food separated & protected					
14	IN OUT N/A	Food-contact surfaces: cleaned & sanitized					
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

		COS	R			COS	R
Safe Food and Water				Proper Use of Utensils			
28		Pasteurized eggs used where required		41		In-use utensils: properly stored	
29		Water & ice from approved source		42		Utensils, equip & linens: properly stored, dried & handled	
30		Variance obtained for specialized processing methods		43		Single-use & single-service articles: properly stored & used	
Food Temperature Control				44		Gloves used properly	
31		Proper cooling methods used; adequate equipment for temperature control		Utensils, Equipment and Vending			
32		Plant food properly cooled for hot holding		45		Food & non-food contact surfaces cleanable, properly designed, constructed & used	
33		Approved thawing methods used		46		Warewashing facilities: installed, maintained, used: test strips	
34	X	Thermometers provided & accurate		47		Non-food contact surfaces clean	
Food Identification				Physical Facilities			
35		Food properly labeled; original container		48		Hot & cold water available; adequate pressure	
Prevention of Food Contamination				49		Plumbing installed; proper backflow devices	
36		Insects, rodents & animals not present; no unauthorized persons		50		Sewage & waste water properly disposed	
37		Contamination prevented during prep, storage & display		51		Toilet facilities: properly constructed, supplied & cleaned	
38		Personal cleanliness		52		Garbage & refuse properly disposed; facilities maintained	
39		Wiping cloths: properly used & stored		53		Physical facilities installed, maintained & clean	
40		Washing fruits & vegetables		54		Adequate ventilator & lighting: designated areas used	

Person in Charge (Signature) _____

Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED

NEW

RE-NEW

RE-INSPECT

FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH	GREASE TRAP INSTALLED Yes No	Date <u>1/9/19</u>
Establishment B.P.O. Elks #264	Address/City/State/Zip Code 334 W Central Ave	Phone 814-827-2673

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sauce	39°				
Fries	0°	Frozen			
Coffee	40	Kitchen			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.
8	Hand Corner handwash sink is blocked by pots and pans and not easily accessible. (Correct)
21	Sliced and shredded cheese in rack-in cooler is not date marked. (Correct)
34	Stem type thermometer to measure internal product temperatures is not available in kitchen.
	Additionally, though in the building food handling gloves and chemical test strips were not available in food prep area

Person in Charge (Signature) <u>Steph Petru</u>	Date: <u>1-9-19</u>
Inspector (Signature) <u>[Signature]</u>	Date: <u>1/9/19</u>